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GONORRHOEA AND SYPHILIS—A REVIEW.*

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PERHAPS no diseases have enlisted more attention, first and last, than those which are considered in the treatise which we have under review at the present time. And surely none deserve more faithful investigation. An honest, persevering study of them, alike rewards the medical practitioner and helps to rescue thousands from the most appalling sufferings, and from death itself, in no inconsiderable number of instances.

We have many truly invaluable works upon Venereal Diseases, and upon some of them the classic stamp has long been impressed. Who does not turn with veneration to the pages of Hunter, and who has not learned of Carmichael? In more modern days, who of our profession has not been at once pleased and instructed by the lively and graphic teachings of the American-born Ricord, who has for so long a time ruled the domain of discovery in venereal pathology, and merited the title of the Prince of Syphiliographers? And if we lend a willing ear to the voice of Vidal, or to the truthful descriptions of Erasmus Wilson, we can never ignore the elevated claims of the celebrated physician of L'Hôpital du Midi and of Lourcine. He has won a fame of which nothing can deprive him—and rendered inestimable services to suffering humanity.

The inquiring medical mind, pursuing the path of legitimate and careful progress in which it should ever be found, has, within the last few years, been occupied in the closest scrutiny of the phenomena of venereal affections, endeavoring to sift the wheat from the chaff, and to increase the amount of the former. There is, at the same time, much that is both profitable and disadvantageous in the process. Many knotty points have involved authors in nearly

* A Treatise on Gonorrhœa and Syphilis. By SILAS DURKEE, M.D., Fellow of the Massachusetts Medical Society; Member of the Boston Society for Medical Improvement, and of the Boston Society of Natural History; Fellow of the American Academy of Arts and Sciences; Honorary Member of the Medical Society of the State of New York. With Eight Colored Plates. Boston: John P. Jewett and Company. Cleveland, Ohio: Henry P. B. Jewett. 1859. Pp. 431.

interminable discussions; and, moreover, in the heat of debate and zeal for improvement in medication, hasty conclusions have sometimes been drawn, and modes of treatment or individual remedies have been neglected or entirely forsaken, on insufficient grounds. A reaction is nearly sure to follow in the train of such procedures; and while we would speak with the deference which is due to the brilliant writers and laborious workers who have of late done so much to elucidate the subjects we are considering, we venture to predict a return to many customs and measures which have been prematurely condemned because the air of antiquity pervaded them. Not to specify any others at this particular juncture, we may refer to the great revulsion of feeling, so observable all over the medical world, in reference to the use of mercurials in syphilitic disease. Reasonable and happy in the main, no careful observer can fail to see that practitioners have, in countless instances, gone to a dangerous extreme, and exhibited a tendency—we had almost said a determination—to ostracise a most valuable remedy. Of this, surely, there was no need.

The literature of syphilis is at the present moment in a state of upheaval—or rather it is being tried in a furnace, and is seething violently on every side. Something good must come out of the process—we shall have the pure ore at last. Such being the condition of things, we cannot doubt that many, like ourselves, have felt the want of a reliable, not over bulky work, which, for the most part, eliminating theories and eschewing mysticisms, should present a practical digest of what is absolutely true and necessary in the every-day experience of the busy practitioner. And in such a work we desire the author to take sides firmly, and to give his reasons simply, for so doing; leaving us to judge for ourselves of the value of his evidence and the strength of his conclusions. But chiefly do we look for such fresh and trustworthy information and such a well-ordered presentation of long-received and universally acknowledged facts, as shall constitute a veritable *Hand-Book* upon the topics in question; and which we may keep lying upon our office-tables, ready at hand in emergency. The need of such a work we suppose it will not require an argument to prove; nor should its existence prevent those who are able, from placing upon their study-shelves the noble productions of the masters to whom we have already referred. We are glad to see, for instance, the joint forces of Hunter and Ricord marshalled so ably into marching order by so industrious and competent a man as Dr. Bumstead; and none can be unwilling to have the treatises of Vidal, Wilson and others placed at their disposal, at a reasonable rate, by the presses of our own country—always premising that the process of reproduction is *legitimately effected*.

But, leaving general considerations, we are about to restrict ourselves, for the remainder of this article, to a critical examina-

tion of the work whose title we have given as the foundation of our remarks—and which is, we believe, the first original treatise upon the subject written and published in the United States. And let us say in starting, that it may, we think, be truthfully asserted that the volume covers just that ground and fulfils exactly those indications which we have specified as peculiarly belonging to the Hand-Book.

The style in which such a work should be written is of no little importance. Mere scientific detail will pall the most eager appetite for knowledge in the student, and even in the inquiring practitioner. Many a fact is riveted in the memory by an anecdote or an illustrative case; and there is no necessity for the author to run into the Scylla of profuse babbling on the one hand, nor into the Charybdis of crabbed and crusty diction on the other. We think Dr. Durkee has hit upon the "happy medium." We say, hit upon it, because there is evidently no effort in the case—he has written as he would talk—or rather, perhaps, familiarly lecture, to a class of students. And again, in many parts we have a peculiarly graphic style of description, and a forcible, plain method of stating facts, which carries conviction with it at once. In short, the work is easy to read, and we feel that we are instructed at the same time we are gratified. We are willing to rest the matter of style here; confidently anticipating a verdict from all who peruse the work, in full accordance with our own: viz., that it is, in this respect, eminently satisfactory.

Purchasers of a new medical book are very properly anxious to know what opportunities its author has had for personal observation in the maladies of which it treats. We need not refer, in this connection, very minutely, to the qualifications of our author. He has long been well known to the profession as an industrious and able investigator in medical and cognate sciences; his practical experience covers a period of many years closely occupied in his profession; and a large share of his attention has been engaged in the study and treatment of the class of diseases of which he has now written, as well as of those cutaneous affections whose origin is not specific. With these remarks, we proceed to the consideration of such topics in the volume before us, as our very limited space will allow—we must leave to the larger medical periodicals that more minute examination which the book not only claims, but will well endure.

The treatise is divided into thirty-nine Chapters. Of these, fifteen are devoted to the subject of Blennorrhagia and closely allied affections.

In Chapter I., we have presented, the general subject of Gonorrhœa, its diagnosis, relations to the leucorrhœal discharge, its termination in gleet—questions relative to gleet and matrimony.

The author begins by mentioning the ancient belief in the identity of gonorrhœa and syphilis, and signalizes the modern tenets as

"the dawn of a new and better epoch." We are ready to join him, also, in his felicitations upon the reform and better knowledge which have pervaded the therapeutics of venereal affections. It is but too true that remedies, alike the potent and the nearly or wholly inert, "were once used without method, without reason, and without mercy." But it is no vain boasting to say of the present generation of practitioners, "*nous avons changé tout cela.*"

Having referred to the non-identity of gonorrhœa and syphilis, and given his assent to the present terminology of the former—although he avows that "no generic term, which has reference to the complaint, is free from objections"—the Causes of simple blennorrhagia are next considered. It is unnecessary to follow the author very closely through this portion of his work, which, however, we should say, is very carefully and judiciously wrought out, and presents every desirable feature both of doctrine and remedial measures. The whole will form a digest which is sure to be of great service to the active practitioner, who likes to have such a manual of reference to take up at any moment, rather than to search through more voluminous records for his casual purposes, or to dip into two or three treatises upon surgery in quest of a point of diagnosis or treatment.

Amongst other things of interest which we have remarked in reading this portion of the work, is the question whether the leucorrhœal and menstrual discharges are capable of inducing a true gonorrhœa. Valuable evidence is adduced on both sides in regard to this query, and we refer the reader to the few pages devoted to this subject, as well worthy of careful attention. On certain occasions, no little importance attaches to the decision of the medical adviser upon the cases of this nature submitted to his arbitration. The reputation of individuals and the peace and integrity of whole families often rest upon his decision. Too much caution, therefore, cannot be exercised under such circumstances and with such a responsibility. Dr. Durkee points out the opportunity, which often lies in the physician's power, of clearing up suspicion and preventing needless unhappiness. He remarks:—

"As the conscientious interpreter of events, he can feel justified in expressing a conviction that blennorrhagia does not always have its origin in a specific virus, nor absolutely imply moral delinquency on the part of any one; for the accident may take place under the most varied circumstances, and from a multiplicity of causes." * * (p. 4.)

While, however, a few cases of what may be properly termed pure or innocent gonorrhœa, must be more or less constantly observed, the assertion of our author is of course eminently true, that "hundreds would be found to originate under directly opposite circumstances"; and, as he adds, the others become "insignificant" in every light, when compared with the vast majority which arise from "the one chief cause, namely, cohabitation with an individual affected with a specific and contagious blennorrhagia."

In respect to the possible production of gonorrhœa—that is to say, a mild, unspecific discharge from the urethra—through the agency of the leucorrhœal flow, the author's argument is cogent, when he refers to the fact of the great frequency of leucorrhœa amongst the purest married women, and the positive immunity of *virtuous* husbands (the italics are ours) from any trouble of the nature of urethritis, after sexual connection with their wives—the latter being an occurrence, of course, entitled to the epithet of frequent. And we here take the opportunity to say, that we are surprised at the very positive and sweeping statement of one of our author's correspondents, given on page 6, who avers that not only does he believe in the causation of a gonorrhœa by leucorrhœal matter, or by the menstrual discharge, but also would "assert that a vast majority of cases of gonorrhœa in the male arise in this manner, from intercourse with women who have not the disease themselves." Now, whilst we are ready to admit that a urethritis may be generated by either of the causes referred to, we must protest against such a wholesale declaration as is contained in the clause we have quoted. Our author is a complete skeptic in regard to the power of either the leucorrhœal discharge or the menstrual secretion to produce a gonorrhœa. With reference to leucorrhœa, he says: "I am unable to recognize this antecedent as the procuring cause of such an event. The subject, however, is one of which no man has the key of absolute knowledge. It must, from the very nature of things, always remain a matter of opinion. My own coincides with that of Sigmund—that *gonorrhœa alone produces gonorrhœa*."—(P. 6.) On pages 157–8, our author admits the occurrence of these instances rather more distinctly, but considers them as wholly exceptional, and dependent chiefly on idiosyncrasy in the male—or, in other words, on a peculiar aptitude inherent in *some* men—we may add, possibly only at *certain times*. Notwithstanding this weight of authority, we cannot see why either the leucorrhœal or the menstrual discharge may not cause a urethritis in individuals who are peculiarly and highly sensitive, with regard to the mucous surfaces generally, or especially in those lining the urethra and the other urinary passages and cavities. The fact is admitted that there is what is termed *pseudo-gonorrhœa*, and that it springs from various causes. If the discharges in question be endowed with peculiarly acrid or irritating qualities, there seems no reason why they may not act on the urethral surface, in virtue of such qualities—and this especially when cleanliness is neglected, and no ablution practised by the male after the venereal act. In our own experience—limited, indeed, beside that of our author—we can recal two cases of contraction of urethritis from the menstrual discharge, which, to our mind, are proved to a demonstration. The occurrence must be, however, a comparatively infrequent one; it is not, in fine, to be made so important as our author's correspondent, above cited, would have us

believe; nor is it, on the other hand, to be ignored and deemed an impossibility.

Analogous to the difficulty sometimes occasioned by the above mooted points, is that to which Dr. Durkee shortly after refers, where sores arise upon newly-married persons—particularly males—who are either very *thin-skinned*, or whose constitutions are in just that irritable and weak state when the slightest abrasion becomes magnified into an ulcer, which may be too hastily pronounced syphilitic. Such immature opinions have not infrequently cost the practitioner his patient, and what is worse, they may deprive a woman of her reputation and a family of its peace and happiness. Accuracy of observation, careful investigation of the history of such patients, and a conscientious balancing of the *pros* and *cons.* constitute the physician's duty in these difficult emergencies.

Dr. Durkee appropriately alludes (p. 12) to the suicidal practice of many patients afflicted with gonorrhœa, who seem to plume themselves upon deceiving the physician they consult, as to the origin of their disorder. No more ridiculous folly could, of course, be perpetrated; and although the patients are sure to suffer most, yet the course they pursue is alike unfair and annoying to their medical adviser. The case related by our author upon page 13 of his work, might prove a warning to any who, when in trouble of this sort, are tempted to prevaricate or misrepresent.

The symptoms and various phenomena of blennorrhagia are next clearly and appropriately detailed; and we may remark in this connection, what will be found applicable throughout the book, that the language used is generally terse, pleasantly descriptive, and quite to the point. In several instances, the author's treatment of his subject may be pronounced both eloquent and graphic.

Some excellent advice is proffered as to answering the questions which patients with gleet will propound to their physicians, as to the safety of their having sexual connection—with their wives, for example—while anything of the sort remains about them. The slightest reflection will convince any medical man that his reply should be decidedly against such connection taking place—and such is our author's positive opinion. The question whether matrimony should be sanctioned under such circumstances, is analogous, and of course of exceeding importance. Now, although sexual congress has been indulged in, with impunity to the female, when the male has had blennorrhœa, or gleet, upon him, no honest practitioner would think of countenancing matrimony under such conditions. In the words of our author, "it is enough for the medical man to know that under certain circumstances and conditions, gleet is communicable. Cases are recorded of contagion thus communicated, and giving rise to most disastrous domestic unhappiness. M. Vidal relates two such. The disease was considered of no importance, and marriage was permitted. Separation

tion of the parties was the result in both instances."—(P. 18.) The same subject is alluded to farther on, when treating of Gleet more especially.—(P. 49.)

We cannot refer very particularly to the contents of Chapter II. In general terms, it may be stated that its subject—the treatment of Blennorrhagia in the Male—is judiciously and thoroughly handled. Every needful direction is given, and various formulæ—some original and others selected—are interspersed through the text. With regard to the "abortive treatment" of gonorrhœa, we coincide with Dr. Durkee in the opinion that, unless patients can be very closely watched after it, the dangers outweigh the advantages. The truth of the following paragraph will, we think, be admitted by all who have had much experience with this method:—"If the surgeon can have entire control over the patient, and be certain that his directions will be carried out to the letter—as for instance, where the case is admitted within the walls of a well-regulated hospital at a seasonable time—then the abortive treatment may be entitled to all the confidence, praise, and success, which its advocates claim for it; but for ordinary private practice, too many objections lie in the way of its adoption."—(P. 24.) The author, however, on page 41, very properly refers to certain cases and circumstances in which injections in gonorrhœa are not only admissible but highly advantageous; and mentions different substances which are often thus used.

Several instructive cases from the author's own practice are given in this chapter; and they aptly illustrate the various points which he brings forward for consideration.

We commend to especial notice the remarks upon Relapses in Gonorrhœa, and those upon Urethral Hæmorrhage in the course of the same disorder. The latter subject is forcibly illustrated by a very piquant narration of sanguineous accidents, which will speak for itself.

The subject of Gleet occupies about a dozen pages. We do not observe anything which calls for especial notice; although, had we more space at command, we should be glad to advert to certain points which we must now leave untouched.

We observe that blisters are highly recommended—indeed they are placed above all other local remedies. Dr. Durkee has often cured a gleet with one application of cantharidal collodion. This is high praise; but we can trust our author's word in the premises. We have generally found certain of the many *injections* recommended, to be of service—but not so immediately as the blistering seems to have been in Dr. D.'s hands. Of the latter method we have no experience worth citing; with regard to injections, we can endorse the opinion we find recorded upon page 53, viz., "some of them prove important allies to other remedial agencies; some are nearly inert; and some, absolutely mischievous."

ous." The use of the Bougie, and of Constitutional Treatment, in Gleet, receive their due share of attention from our author.

Chapter IV. is occupied with the consideration of Balanitis. The subject seems to be judiciously treated; and the hints as to prevention of this troublesome affection, deserve as much attention from the *genus homo*, as do the subsequent directions for treatment. The inculcation of a due cleanliness, enforced as it is by the palpable facts set forth in the reported instances of balanitis arising from violation of that virtue, must meet with the commendation of all medical men, and deserve the gratitude of mankind generally.

When the length of the prepuce is the main cause which both engenders and perpetuates the sebaceous collection so liable to irritate the parts, the various methods of relieving this condition have long engaged the attention of medical and surgical practitioners. With our author, we believe that circumcision is, in these cases, at once the most thorough and satisfactory operation. The ease with which it can now be done, by the aid of anæsthesia, is adverted to by Dr. Durkee, and certainly goes to support the position assumed in regard to the desirability of the operation. Mr. Milton's plan is referred to as being simple and as good as any:—"His mode of procedure is to slit up the skin and mucous membrane as far as the reflection of the latter, and then cut away the frænum as far as practicable. The constricted part, which is near the edge, is removed in a circle, and the bleeding being stopped, the skin and mucous membrane are brought together by stitches, and covered with collodion."—(P. 66.) We do not know that we should be tempted to depart from the ordinary operation for circumcision, unless some peculiarity in the form of the prepuce necessitated a deviation. A recent case in our hands has resulted very satisfactorily, and we have had every reason to felicitate ourselves upon the removal of the entire prepuce. Having had, also, opportunities of observing the operation skilfully performed, in this city, after the Jewish method, we have almost been tempted to give in our adhesion to the Rabbi—*at least surgically*. The procedure is doubtless the best in the instances to which our author refers, and must always be in favor with surgeons.

Paraphymosis is particularly mentioned by Dr. Durkee in this connection, and judicious directions are given for its relief. We have never been foiled in attaining this end by means of the taxis—using the fingers merely, in the process. We think our author very justly reprobates the plan advised by M. Seutin, of using compressing forceps to effect the reduction of the glans. The method by the surrounding bandage is more appropriate. If a patient be seen in season, the knife will be rarely demanded.

Orchitis is examined, at some length, in Chapter V.; the causes, symptoms and treatment being taken up in due order. In treating

this affection, it may be said, as of the latter accident considered, that seeing it *in season* is of great advantage. Cases which fall early under the surgeon's care, for the most part do well and recover rapidly. In laboring men, there is the difficulty to contend with, that they cannot easily lie by and rest. Yet even in them, we have seen aggravated swelled testicle subside mainly under the influence of suspension and cooling purgatives. Strapping the testis, now so much less frequently practised than formerly—at all events in this vicinity—is not looked upon with much favor, according to our author, abroad. Ricord has, for the most part, renounced it; and Mr. Johnson, of London, severely condemns it. There are, of course, cases in which it may be properly and advantageously resorted to.

Chapter VI. is devoted to *Herpes Præputialis*. The diagnosis of this affection should be accurately and cautiously made; for "an error or confusion here, will lead to improper treatment, to say nothing of the moral bearings immediately connected with the subject."—(P. 83.) It has been our lot to see much misery, not to mention great and useless expense, entailed upon individuals—affected only with this simple eruption—through the machinations of quacks, who had persuaded their victims that they had virulent syphilis. Such is doubtless the experience of most practitioners. Dr. Durkee gives us certain cases pertinent to this latter point.

Eczema *Præputialis* is appropriately examined in the succeeding Chapter.

Chapter VIII. may be referred to as containing many excellent remarks upon an always important, interesting and not infrequently improperly treated affection, viz., Irritability of the Bladder. The directions for managing this state are good. We need not specify the treatment.

Chapters IX. and X. contain, respectively, all that our author has seen fit to offer upon Excoriations and Urethral Pains—both affections which often claim the surgeon's attention. The frequently purely nervous origin of the latter complaint is alluded to by Dr. Durkee.

Spermatorrhœa is the subject of Chapter XI.; and upon it the author has evidently bestowed no little attention. That cases of this nature should not be abandoned to charlatans, has long been the verdict of honest men, both in the profession and out of it. This point will be found to be very properly made prominent in the work before us, and no one can doubt its high importance. We have ever found that the *moral treatment* of these cases was more essential to success than the simple hygienic or merely remedial measures addressed to the bodily system only. Dr. Durkee gives us some illustrative cases of value; and the evil influence of masturbation is pointedly referred to. In reference to the latter—both as regards its agency in producing spermatorrhœa and also as respects the treatment advised—we refer the reader, with confi-

dence, to Dr. Durkee's book. The effect of excited imagination is well portrayed; and an illustration of its potency is given on pages 116 and 117. We cordially echo the author's judicious recommendations relative to treatment—and particularly that directed to the mental phase of the affection. All of these are advantageous—the majority are essential—to our own personal knowledge.

In succeeding chapters, we have succinct, yet sufficiently detailed observations upon gonorrhœal ophthalmia, ophthalmia neonatorum, and gonorrhœal rheumatism—all deeply interesting and important topics. The question of the causation of ophthalmia by communication of the gonorrhœal matter to the conjunctiva from the patient's fingers, &c., seems clearly established by our author. The remarks and cases of Dr. Williams, of this city, are exceedingly pertinent, lucid and valuable in this connection. The weight of evidence has long been in favor of communication of the disease by contact.

We must refrain from particularizing farther upon the subjects we have just mentioned, and proceed to such as more peremptorily demand our notice, passing by others with merely an allusion here and there, as our space permits.

Vegetations and their treatment form the subject of Chapter XV.; Blennorrhagia in the Female, that of Chap. XVI. The important medico-legal point which has not infrequently been brought to the notice of the profession, and, unfortunately to that of the public, at times—whether the vaginal blennorrhagia sometimes observed in young children is due to criminal attempts on the part of an infected male, is appropriately alluded to by Dr. Durkee in the latter chapter. The attention of the physician or surgeon is never more conscientiously demanded than in these instances. Innocent persons may suffer, or the guilty go unpunished, according to the carefulness or looseness of medical examination and diagnosis.

The subjects of Chronic Vaginitis and of Blennorrhagia of the Uterus are likewise discussed in the sixteenth chapter.

Our author rates the difficulty of managing gonorrhœa in the female nearly as high as that experienced in male patients. Most observers deem it much less troublesome to treat—and such has been our own experience. Certainly the *sequelæ* for which we may look in the male, far surpass in severity and seriousness anything connected with the disease in the female. Were nothing else but stricture to be apprehended—and how large is the proportion in which that lesion follows, sooner or later—we consider our position made good. The female has the easiest time of it, and escapes the best. Dr. Durkee's remarks relative to that delay in using local means in the blennorrhagia of females, which is occasioned by the presence of the menstrual flow during the affection, although familiar to surgeons, have not, perhaps, been sufficiently regarded. Both the increased turgescence of the parts and the

impossibility of applying remedial agents, tend to prolong and to aggravate the discharge.

[To be concluded.]

COPY OF THE WILL EXECUTED BY M. GROUX WHILE IN THE U. S.

[In our issue of May 26th, we expressed the hope that this document would be published, in order that the profession and those of the public who have been interested in the remarkable anomaly presented in the person of M. Groux, might be made fully aware of the disinterested and generous tenor of that gentleman's feelings and the genuine zeal he has always manifested in the cause of medical science. Through the politeness of Dr. Upham, we are enabled to present it to our readers.

The will was drawn up by that eminent jurist, the Hon. RUFUS CHOATE, who is at present, we regret to learn, in feeble health, and for whose recovery we may be allowed to express our hearty wishes. Mr. Choate, we understand, was himself much interested in M. Groux personally, and in the remarkable peculiarity of which he is the subject; and his best attention was given to the preparation of the will. We need say nothing more than we have already expressed in relation to the nature of the latter, as its perusal will at once convey the full idea of the spirit which dictated it. And although its provisions are now void, by reason of the safe completion of M. Groux's journey and labors in this country, and his departure for his native land, yet we may none the less admire the generous forethought and calm particularity of expression which characterized the whole procedure, and which we ought to receive as a marked compliment paid to the American medical profession in general, and, by reason of certain of the conditions, to this city, through one of its medical organizations, in particular.—Eds.]

I, EUGENE A. GROUX, Gentleman, make and publish this my last Will and Testament, intending the same to be supplementary to my former Will now in the hands of my father, Peter B. Groux, of Hamburg, in Germany, and not to revoke the same fully and absolutely, but to provide for certain objects and contingencies not therein provided for.

1st. As the object of this Will is the promotion of physiological and medical science, and thereby of the good of man, I appoint the following gentlemen to be the Executors thereof:—Dr. Edmund R. Peaslee, of New York; Dr. J. B. Upham, of Boston; Dr. Joseph Leidy, of Philadelphia; Dr. Buckley, of Baltimore; Dr. Lindsey, of Washington; Prof. Daniel Groux, of Culpepper Court House, Va.; Dr. Welford, of Richmond; Dr. Gaillard, of Charleston, S. C.; Dr. Arnold, of Savannah; Dr. Linsley, of Nashville, Tenn.; Doctor Bell, of Louisville; Dr. Fenner, of New Orleans; Dr. Pope, of St. Louis; Dr. Richards, of Cincinnati; Dr. Brainard, of Chicago; Dr. Kirtland, of Cleveland, Ohio; Dr. Flint, of Buffalo, and Dr. March, of Albany.

2^{dly}. I give and bequeath my books of autograph signatures
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and opinions in the following manner, which I direct and request my Executors to carry into effect. I authorize and direct the three first-named Executors to appraise the said books at a pecuniary value, below which, they are not to be offered for sale. I then direct the Executors to offer the same for sale to the Society of Physicians in Hamburg (it being the principal Medical Society in my native city of Hamburg), in Germany, for one half of the sum at which the same are so as aforesaid appraised; and the Society accepting and paying the same, I give and bequeath the said books to them; and if the said Society shall not accept the same within ninety days from the time of the offer thereof, I then direct the Executors to offer the same on the same terms to the Town Library of said Hamburg, upon the trust and condition that they be open forever to the inspection of the curious; and if the said Town Library shall so accept the books, I give and bequeath the same to them.

If neither of the said so conditioned legatees shall so accept the same, I direct the executors to offer the same to the Boston Society for Medical Improvement, in Boston, in Massachusetts, at the sum of two thirds of the value at which they shall be appraised as aforesaid, and if accepted, I give and bequeath them to that Society; and if not accepted by said Society, I direct them to be offered to the Public Library of the city of Boston, on the same terms in both cases, and on the trust and condition that they at all times be open to the inspection of the curious.

If either the said Boston Society for Medical Improvement or the Public Library of the city of Boston shall accept the same on the terms aforesaid, then I hereby give to said Executors one third of the sum which they shall receive for the books, on the trust to invest the same in some suitable manner, as and for a permanent fund, the interest and income of which shall be awarded and paid annually, by a scientific committee to be designated by the said Society or the said Public Library, whichever shall take the said books as aforesaid, for the best essay to be offered by any Student connected with the Medical School of Harvard University, or by any medical Student who may be a native of Hamburg, wherever he may be, upon the respiratory and circulatory organs of the human body; and subject hereto, the balance of the sum received for said books is to be paid to my father, Peter B. Groux, of said Hamburg, for the uses of my last will, now in his hands.

I intend and direct that all instruments and inventions relating to the peculiarities of my case, of which I shall be in possession at the time of my death, shall be included with, and receive the same disposition with the said books.

And since the peculiarities of my case are marked and rare, I desire and direct that if I die on the American Continent, my body shall be dissected in the most scientific, thorough and skilful manner, with a view to the complete ascertainment, disclosure and pub-

lication thereof, and that this be so done that the exact condition of the parts of my body, as it existed in life, so far as this is possible, be discovered and recorded, and be preserved for scientific inspection and information. And I direct and desire that in addition to this dissection and record and publication, so much of such parts of my body as are necessary for the purpose of demonstrating the nature of my case and of preserving and giving evidence thereof forever, shall be deposited in the museum of the Boston Society for Medical Improvement for the period of one year from said time of deposit, and until such further time as there shall be founded in Hamburg a museum of Pathological Human Anatomy, wherein, in that event, said parts are thenceforward to be deposited.

In regard to the manner of such dissection, the preservation of the parts after death, in the same state as they were in life, and what parts may be needful and proper for deposit aforesaid, I refer it to the skill and science of those by whom it shall be done.

And with regard to the residue of my body, I direct that the same be decently interred in such manner that the same may be removed to Hamburg if my friends desire.

And in order to secure the accomplishment of the foregoing direction and requests, I desire and direct that if it should be the appointment of Providence that I die on the American Continent, notice thereof be immediately given by telegraph to the three first named of my Executors aforesaid, and care be taken of my body until they, or some one or two of them, arrive, and they shall conduct the dissection, and determine on what shall be deposited as aforesaid; or unless each thereof shall give notice by telegraph that he cannot attend, when a similar notice by telegraph shall be sent to the three nearest Executors, who shall conduct the dissection, and determine on the parts to be deposited as aforesaid, and so, if necessary, of each succeeding three of my before-named Executors; and if all the said Executors reply in the negative, then some competent medical men in the vicinity may so conduct the dissection and so determine the parts to be deposited. In each of the cases aforesaid, I direct that a suitable number of credible witnesses be present at the dissection.

If the autopsy shall, if published, be of sufficient interest to raise a fund by a sale thereof, after defraying expenses, then such fund I direct and appropriate to have placed at the disposal of the three first named of my Executors aforesaid, to be appropriated and applied by them for such medical or scientific purposes and objects as they may think proper. I further direct that the entire expenses of burial, of the preparation of the morbid specimens selected as aforesaid for deposit, of the notifications aforesaid to Executors and others, of travelling expenses of those who actually conduct the autopsy—shall be paid from funds in my possession or in my father's possession, belonging to me at my death.

I give and bequeath my body to the Executors aforesaid, to accomplish the objects of this Will; and I do so in the hope of making some contribution to science, truth, and the best interests of man, and because I have ever regarded that the great peculiarities of the case constitute me, in some sort, a trustee for these great and sacred objects.

In witness whereof, I have hereto set my hand and seal this tenth day of January, in the year of our Lord eighteen hundred and fifty-nine.

E. A. GROUX, *of Hamburg.*

Signed, sealed, published and declared by the said Groux as his last Will and Testament, in the presence of us, who, at his request, and in his presence and the presence of each other, have hereto set our hands as witnesses thereto.

RUFUS CHOATE,
THORNTON K. LOTHROP,
RUFUS CHOATE, Jr.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

FEB. 28th.—*Fracture of the Base of the Skull.* Specimen shown by Dr. CABOT.

The patient, I. F., aged 25, was brought into the Hospital, January 12, having been struck fifteen minutes before by a locomotive and thrown fifteen feet, striking on the head. There was copious effusion of serum from the left ear. No bleeding took place from the nose or mouth. The patient was insensible. There was a large scalp wound over the left ear, but no depression or fracture under the wound. The pulse was small and quick. Stimulants, with ice to the head, and croton oil, were ordered.

On the following day, the patient had partially regained his consciousness. The pulse was fuller, but frequent (140). The left pupil was much dilated, with more effusion from the left ear. At night he became delirious, afterward comatose, and died at 7½ o'clock on the morning of the 14th.

On examination, a fracture was found, extending quite across the base of the skull.

An interesting point in the case, Dr. C. remarked, was the absence of effusion of the cerebro-spinal fluid from the right ear, it having been maintained, by many surgeons, that fracture of the base of the skull never occurs without the occurrence of this effusion from the ear of the affected side.

FEB. 28th.—*Phlebitis.* Case reported by Dr. CABOT.

The patient, S. S., a widow, was a domestic, aged 41, and a native of Maine. She entered the Hospital December 14, 1858, not having been previously in the enjoyment of good health. For five years she had had varicose veins; also some uterine trouble. Below the right knee, the veins were very large and tortuous. There was also a small ulcer above the inner ankle, of three weeks' standing. An issue

was made over the principal vein, a bandage applied, and black wash and a poultice ordered.

January 5th.—The slough came away ; the ulcer not much better.

25th.—Another issue was opened.

28th.—The patient, contrary to orders, went to the water-closet, in the absence of the nurse, and, while there, haemorrhage occurred from the first issue. Compression was applied.

On the 2d of February, on again going to the closet, bleeding recurred, by which she lost nearly a pint of blood, and became quite faint. On the following morning, there were chills and a severe headache ; the pulse small and quick. Quinia and brandy were ordered.

Feb. 5th.—The same symptoms continued, with pain in the leg.

7th.—There was redness of the veins, well marked, together with severe pain. The constitutional symptoms were more decided. The dose of quinia was ordered to be increased. From this time the patient continued steadily to fail, and died on the 12th of February.

Sectio Cadaveris, by Dr. JACKSON. The superficial veins of the affected limb throughout were very much thickened and tortuous. Below the knee, but not above, they contained a thin puriform fluid, but there was no trace of the coagulated blood or fibrin, usually found in phlebitis.

In the base of two of the sloughs formed by the moxas, were seen the remains of the vein, which was obliterated, except at one point.

The deep-seated veins were healthy, being neither thickened nor dilated ; there was some serous infiltration of the limb.

MARCH 28th.—*Calculi from the Horse*.—Dr. BACON reported the chemical analysis of two large calculi from the horse. They consisted chiefly of triple phosphate, with some organic matter. A number of small, angular grains of white and yellow quartzose sand were left undissolved after treating portions from interior layers of each with acids. The presence of grains of sand shows that the calculi are intestinal, and not from the urinary bladder. These calculi have some resemblance, in appearance, to the intestinal calculi, or bezoars, of di-phosphate of lime, but they contain no salt of lime.

Dr. JACKSON said that these calculi had been in the Cabinet (No. 636) since the early days of the Society. They were purchased, and the only statement that accompanied them was that they came from the bladder of the animal. Dr. J. had long suspected, from the structure of one of them which had been sawed open, that they were from the intestine, and had therefore requested Dr. Bacon to examine them. One, which is entire, is about as large as the fist, and has as symmetrically prismatic a form as any biliary calculus, the three faces being slightly concave, and the ends and edges smoothly rounded. The other must have been larger, and was, perhaps, more cuboidal in form : one slightly concave face being preserved. The cut surface of this last is finely crystalline, being both laminated, and radiating from the centre to the circumference ; the color is a pale brownish, and there is no foreign body visible to the naked eye ; in structure, though not at all in color, it resembles one in the Hunterian Museum (Catalogue of Calculi, No. 55, page 247) from the intestines of a horse.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, JUNE 9, 1859.

WHO WAS THE FIRST OVARIOTOMIST?

IN our issue of the 19th ult., we published the reply of Dr. HENRY MILLER, of Louisville, Ky., to an editorial article which appeared in our pages May 5th, entitled "Ovariotomy—Its Statistics and Rate of Mortality." We now tender our thanks to Dr. Miller for the courteous and kindly manner in which his letter is couched—and we would that all our correspondence were conceived in so gentlemanlike a spirit and communicated in equally scholarly terms and style. Such is not always the good fortune of any editors—we cannot expect to prove an exception.

The sole question remaining to be decided, so far as any discussion is now pending between Dr. Miller and ourselves, relates, as that gentleman very properly says, to the priority in performing the operation of Ovariotomy. Dr. Miller claims the priority for Dr. EPHRAIM McDOWELL, of Kentucky—we can hardly see any reason for denying it to L'AUMONIER, who has hitherto been accredited with the distinction.

It is not merely upon the fact of the French surgeon's having enjoyed the reputation of being the first ovariotomist, however, that his claim can justly be founded. Many a man has occupied a similar position in respect to some reputed discovery or contrivance, who yet has been afterward proved not to have been the *originator* of the scheme. We think that Dr. Miller is right in bringing the question, as he does, to the test, by appealing to the essence of the operation—that is, *what constitutes Ovariotomy?* This is his position, if we rightly understand him. Now, Dr. Miller does not allow that the ablation of a diseased ovarian cyst *is* ovariotomy, unless the surgeon begins his operation *with the full knowledge of its existence within the abdomen, and with the intention of removing it.* We submit that this amount of knowledge cannot always be predicated of the most experienced operator, nor can such an intention always be carried out. The definition is an accurate one—so far as it goes—but it does not, in our view, cover the ground sufficiently. Is Dr. Miller prepared to say that, the abdomen being opened for another purpose, for which the surgeon thinks he has sufficient reason, and a diseased ovarian sac being found and removed, *ovariotomy has not been performed?* What shall we then term the ablation of the ovarian sac? Does it constitute a part of "opening an abscess in the ovary," a lesion which existed in L'Aumonier's case? Suppose that the French surgeon began his operation, as he doubtless did, for the purpose of "giving vent to the pent up matter," and granting that the removal of the diseased ovary was "incidental to the [intended] operation," is it not splitting hairs to say that ovariotomy was not done? Taking Dr. Lyman's version to be correct, we learn therefrom, that the adhesions between the Fallopian tube and the ovary were torn away, "and the latter removed." An incision four inches long was made into the abdomen, the abscess, previously diagnosticated, was tapped, and the diseased sac removed. Which is the more grave proceeding, and that which lends the greatest

weight to the whole procedure—tapping the abscess, or tearing away the adhesions between the tube and the ovary, and taking away the latter? If, as it seems to us, the last step be pronounced the most serious, then it is that *which gives character to the operation*, and the latter is far more properly defined by the term which truly describes that character, *viz.*, *ovariotomy*. It is refining the matter too much to deny this appellation to the procedure, when the ablation of the ovarian sac is the very step which is the most essential element in the case. Had the ovary been the seat of an abscess only, L'Aumonier would not have felt himself called upon to perform the more serious operation for removing it—he would simply have tapped it. That he did more, shows that the higher operation was necessary; and, we repeat, that with whatever opinion or intention an operation is begun, if, when the parts are exposed, different indications are presented, they must be met, and the operation properly takes its name from the feature which mainly characterizes it.

We are entirely willing to concede to Dr. McDowell, of Kentucky, all the credit—and it is both unusual and large in amount—which legitimately redounds to him, in conceiving and carrying out, so successfully, his operation for ovariotomy, in 1809.

Not further to enlarge upon the point at issue, we have merely one word to say touching another matter connected with this important and interesting subject. Dr. Miller refers to the mortality-rate, given by Dr. Washington L. Atlee as *26½ per cent.*; but correctly estimated, as we conceive, by Dr. Lyman, at *40.13 per cent.*; and he remarks that even at the more unfavorable estimate, surgeons ought not to be deterred from undertaking the operation. If Dr. Miller will look back, and read our remarks, offered upon this point in our first article (May 5th, 1859), he will find that we then enunciated precisely the same opinion. Thus, we said: "It is most conclusively shown that the rate [of mortality] is *40.13 per cent.*, a rate, which, while it abundantly sanctions the performance of the operation, is evidently far less favorable to it than the estimate of Atlee, and, following him, of Miller." And again, we state (*loc. cit.*), "We believe that where the existence of the patient is distinctly compromised by the presence of an ovarian tumor, the operation ought to be done. Quite as much is it demanded, under these circumstances—*although not so immediately*—as is tracheotomy in croup, when the patient's life is evidently at stake."

We have no wish to enter into controversy upon this question—the settlement of which, nevertheless, is very desirable. Those who are more competent than ourselves, may possibly decide it in a manner opposed to our own opinion. We have no party, or interested feeling in the matter—simply wishing justice to be done—and, renewing our acknowledgments to Dr. Miller for his courteous and able communication, we rest the question here for the present.

We insert with pleasure the following note just received from Prof. Hamilton.

MESSRS. EDITORS.—Will you allow me to make use of your Journal to correct a few of the printer's mistakes which are contained in my paper on "Prognosis in cases of Fracture of the neck of the Femur within the Capsule," &c., published in the "Transactions of the New York State Medical Society," for the year 1859, and just issued from

the press? You are aware, perhaps, that these volumes are published by the State, and that in the hurry of business necessarily incident to a State-printer's office, no time is allowed for those residing out of the city of Albany to correct their proofs. The publishing Committee do all which it is perhaps possible for them to do, to avoid errors, but under the circumstances they seem to be inevitable.

I wish only to correct some of the most important errors, and especially such as relate to the names of surgeons to whom reference is made in the paper.

For "Malgaigue," wherever it occurs, read *Malgaigne*; for "Severn," read *Swan* ("Severn's case," pp. 34, 35); for "Haywood," read *Hayward*; for "I. C. Dalton," read *J. C. Dalton*; in a note at the bottom of p. 36, for "cervix femur," read *cervix femoris*; for "unfrequency," p. 48, read *infrequency*; for "looseness," near bottom of p. 56, read *soreness*; for "opposition," p. 57, read *apposition*.

Yours truly,

FRANK H. HAMILTON.

Buffalo, N. Y., June 1, 1859.

THE following unique description of symptoms and sensations is copied *verbatim et literatim* from the original document, which was lately received by a physician in this city. We have crossed the letter *t* when necessary, and dotted each undotted *i*.

"I have a noise and a blowing in my right ere and in my left there is a cracking and it beats as if there was some thing flying in it and when I ley down it is always worse. I have again in the oapen of my head and it comes down in to my left eye and brow and some times it is like the birds sining [singing] but that dont last long some times I cant sleep to itis [it is] nere day and a beatting at my heart and the pasperation will poer of me as cold as watter and a creeping over all my face as if there was something on it."

This is a deeply interesting and affecting case—can any one tell us what is meant, in an adult subject, by the "oapen" of the head? It cannot be an anomalous example of open fontanelles, we conclude—it is at least an open question.

New Species of the Genus Homo—A Man with four Eyes.—Let not our readers be angry with us, if we raise their scientific expectations by means of what they may possibly pronounce "false pretensions."

An excellent Swedish servant-girl, living in a physician's family in this city, having answered the door-bell and ushered a visitor into the drawing-room, announced to her mistress that "a gentleman *with four eyes*" desired to see her. The lady was somewhat startled, at first, at the prospect of encountering such a new and fearful exhibition of ocular power, but reflecting that the maid-servant's knowledge of the English tongue was only nascent and needed the spirit of progress, soon ascertained, by dint of questioning, that the gentleman was not, after all, a new specimen—an anomaly—a monster—but that he simply *wore spectacles!*

Berkshire Medical Institution.—The course of lectures at the above institution will commence on the first Thursday in August, the fourth day of that month. The corps of lecturers is full, and its efficiency is well known. Students who choose to be industrious and faithful, cannot fail to acquire a competent knowledge of medicine and surgery at Pittsfield.

The preparatory or adjunct course proposed by the Faculty, must prove advantageous, if well followed out. The announcement of the Course of Lectures, with terms, &c. &c., will be found in our advertising columns.

Fiske Fund Prize Questions.—The Trustees of the Fiske Fund propose the following questions for premium essays, for the year 1860.

1. Diphtheria, its nature and treatment, with an account of the history of its prevalence in different countries.

2. The morbid effects of the retention in the blood of the elements of the urinary secretion.

For the best dissertation on either subject, they offer a premium of one hundred dollars.

Dissertations should be sent, free of expense, to S. A. Arnold, M.D., Secretary of the Trustees of the Fiske Fund, Providence, R. I., on or before May 1st, 1860. Each dissertation should bear some motto or device, and the same motto should also be written on the outside of a sealed packet, in the inside of which the writer's name and residence should be given in full. All such packets accompanying unsuccessful dissertations, will be destroyed unopened. The awards will be announced by the Trustees, at the annual meeting of the Rhode Island Medical Society, to be held at Newport, on the second Wednesday of July, 1860.

The premium of two hundred dollars, for the best dissertation on "The effects of the use of alcoholic liquors in tubercular disease, or in constitutions predisposed to such disease," has been awarded to John Bell, M.D., of New York.

To Correspondents:—Important—Final Notice!—We have several times intimated to our correspondents, that no communication can be published in the JOURNAL, unless the name of the writer be made known to us. Anonymous communications, however valuable they may be, we do not even read—and therefore we cannot know their worth, nor can our readers be edified by them. The preparation and despatching of such papers, therefore, is lost time and waste of writing materials. No correspondent need be afraid to send us his name—we will be discreet as mutes in regard to it, if such is the wish—and no one should be so much in a hurry, or so careless, as to forget to let us know to whom we are indebted. Last week, "CATO" could not be heard, because his real cognomen was withheld; and a few days since, "RUMFORD" placed himself in the same predicament. They cannot say *we did it* (Shakspeare)—for we have actually dilated upon the topic—but are far from being elated, in view of our failure, every now and then, legitimately to secure autographs. We are sincerely grateful for communications, and solicit a continuance of such favors—**BUT WE CAN PRINT NOTHING ANONYMOUS.**

We agree with the Editors of *The New York Medical Press*, that the following *exposé* which we take from its pages, under date of May 21, 1859, should be circulated by the medical journals, generally. We have great respect for Dr. Paine, both as a man and as a most industrious and valuable writer. Any perversion or garbling of his sentiments and opinions, we are glad to contribute our share in "showing up" to the profession.

A writer, somewhere out in Kansas, is quarrelling through the *St. Louis Medical Journal*, under the appropriate name of "Old Fogey," with Dr. Paine's essay on the Humoral Pathology, contained in the first volume of his *Medical and Physiological Commentaries*. But, finding his task rather a hard one, he is serving the author according to the habits of "border" writers in such cases, by misquoting and otherwise falsifying him, though so palpably as not to be mistaken. The following is an average example:

"But here is a case," says the writer, "that shows that food is not absorbed—'A boy, aged 15 years, took no food for three years.' The doctor does not say whether or not the boy remained of the same age all that time. It is probable, however, that he did. He quotes, also, the case of a woman who lived 'without the smallest particle of food for nine years !!!! nine years !'"—Dr. Paine's comments are wholly suppressed.

Now, the following is the original:—"There are many cases of extreme abstinence mentioned in the *Philosophical Transactions* (London), for which *an allowance must certainly be made*. Thus, 'Dr. Blair states that a boy, aged 15 years, took no kind of food for three years.' In another case by Dr. McKenzie, a woman is said to have lived 'without the smallest particle of food for nine years.' We may safely conclude that the *abstinence was very great*. The case of Ann Moore is well known. Whatever *imposition* may have been practised, either in this, or in any of our examples, there can be no doubt that there was a *degree of abstinence sufficient for our purposes*."—*Med. and Physiolog. Comm.*, vol. i., p. 693. Other cases are quoted from the *Transactions*.

Here, as elsewhere, Dr. Paine scouts the idea of living long without food. But we are not attempting his defence, but the exposure of an *anguis in herba*; and we submit, whether it be not a matter of common fairness, and due to the common interests of journalism, that other periodicals should repeat this exposure.

Commencement of the Medical Department of the University of Louisiana.—The Annual Commencement of this institution took place at Lyceum Hall, on Saturday, March 19th, 1859. The Degree of Doctor of Medicine was conferred on ninety-seven of the candidates for professional honors. There was also one graduate in the department of Pharmacy. Dr. Hunt, Dean of the Faculty, delivered to the class an address. Dr. J. W. Saunders next followed in a valedictory oration.

It will no doubt be gratifying to the friends of the University to hear of its continued prosperity. The number of matriculates for the session of 1858 and 1859, was three hundred and thirty-three, being an increase of fifty-seven above that of the previous session.—*New Orleans Med. and Surg. Journal*.

Inagination of the Scrotum for Varicocele.—Mr. Cock, at Guy's Hospital, has recently tried a new plan of treatment for the relief of varicocele, which is deserving of notice. It consists in the invagination of a portion of the scrotum, in the manner adopted in Wiitzer's operation. The patient on whom we saw this performed, is a young man, 23 years of age, the subject of varicose veins of the testicle for some time, and which have latterly caused him much pain and inconvenience. The invagination of the scrotum serves as a natural suspensory bandage, acting as a support to the part, and up to this time has been productive of much comfort and ease to the patient. The plug was withdrawn on the eleventh day, when adhesion of the opposed surfaces was complete. This plan of treatment, however, will not obliterate the veins, but it helps materially towards their attaining their natural condition. A small portion of the skin sloughed, through which the needle of the plug had emerged in the groin.—*London Lancet*.

Communications Received.—Pure Air and Pure Food.—Trismus Nascentium.

Deaths in Boston for the week ending Saturday noon, June 4th, 63. Males, 35—Females, 28.—Accidents, 2—cancer (in the uterus), 1—consumption, 16—convulsions, 3—cholera infantum, 1—croup, 4—dysentery, 2—dropsy, 7—dropsy in the head, 2—drowned, 1—infantile diseases, 1—puerperal disease, 1—scarlet fever, 4—homicide, 1—intemperance, 1—inflammation of the lungs, 3—malaria, 1—measles, 1—meningitis, 1—old age, 1—scrofula, 1—smallpox, 3—sore throat, 1—tooth-aching, 3—unknown, 1—

Under 5 years, 2)—between 5 and 20 years, 8—between 20 and 40 years, 11—between 40 and 60 years, 9—above 60 years, 6. Born in the United States, 43—Ireland, 18—other places, 2.